Substitute for form 1449/PTO	COMPLETE IF KNOWN		
INFORMATION DISCLOSURE	Application Number	10/588,295	
STATEMENT BY APPLICANT	Filing Date	August 4, 2006	
/	First Named Inventor	Chartrain, M. et al.	
(use as regny sheets as necessary)	Group Art Unit	1636	
To at of	Examiner Name	Joike, Michele K.	
Sheet 1 of 2	Attorney Docket Number	21502P	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	U.S. Patent Document Number	Kind Code known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
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Examiner Signature Date Considered

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Sheet	2	of	2	Attorney Docket Number	21502P		

NON PATENT LITERATURE DOCUMENTS							
Examiner Initials*	Cite No.	Include name of the author, title, date, page(s), volume-issue number(s) and place of publication.					
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